

109TH CONGRESS
2D SESSION

H. R. 6048

To amend title XVIII of the Social Security Act to provide incentives to Medicare participating suppliers and providers of services that are outpatient physical therapy services (including outpatient speech-language pathology services) and occupational therapy services to report quality and efficiency measures and to provide for a value-based purchasing program for payments for such services under the Medicare Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 7, 2006

Mrs. WILSON of New Mexico introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide incentives to Medicare participating suppliers and providers of services that are outpatient physical therapy services (including outpatient speech-language pathology services) and occupational therapy services to report quality and efficiency measures and to provide for a value-based purchasing program for payments for such services under the Medicare Program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Outpatient
 5 Therapy Value-Based Purchasing Act of 2006”.

6 **SEC. 2. QUALITY AND EFFICIENCY MEASURES (Q & E MEAS-**
 7 **URES) AND VALUE-BASED PURCHASING PRO-**
 8 **GRAM FOR OUTPATIENT PHYSICAL THERAPY**
 9 **SERVICES AND OCCUPATIONAL THERAPY**
 10 **SERVICES.**

11 (a) IN GENERAL.—Section 1834 of the Social Secu-
 12 rity Act (42 U.S.C. 1395m) is amended by adding at the
 13 end the following new subsections:

14 “(n) QUALITY AND EFFICIENCY MEASURES (Q & E
 15 MEASURES) FOR OUTPATIENT PHYSICAL THERAPY SERV-
 16 ICES AND OCCUPATIONAL THERAPY SERVICES.—

17 “(1) SUBMISSION OF Q & E MEASURES TO A NA-
 18 TIONAL THERAPY OUTCOMES DATABASE.—

19 “(A) IN GENERAL.—For purposes of sub-
 20 section (o)(1), a covered provider of covered
 21 outpatient therapy services may submit to a na-
 22 tional therapy outcomes database designated by
 23 the Secretary Q & E performance information
 24 described in subparagraph (B). Such informa-

tion shall be submitted in a form and manner
and at a time specified by the Secretary.

“(B) Q & E PERFORMANCE INFORMATION
DESCRIBED.—Q & E performance information
described in this subparagraph is information
on the performance of a covered provider of
covered outpatient therapy services on the Q &
E measures selected under paragraph (2), with
respect to each individual enrolled under this
part to whom such covered provider furnishes
such services.

“(2) SELECTION AND DEVELOPMENT OF Q & E
MEASURES.—

“(A) IN GENERAL.—As part of the rule-
making process for payments under subsection
(k) for 2007 and for purposes of this subsection
and subsection (o), the Secretary shall provide
for the selection of Q measures and E measures
(referred to in such subsections as ‘Q & E
measures’ collectively), with respect to covered
outpatient therapy services furnished by a cov-
ered provider of such services to individuals en-
rolled under this part. Q measures shall be
measures that provide for the assessment of the
quality of such services. E measures shall be

measures that provide for the assessment of the efficiency of utilization of such services by such a covered provider.

“(B) DEVELOPMENT OF MEASURES.—Q & E measures selected under subparagraph (A) shall be—

“(i) developed through—

“(I) negotiated rulemaking; or

“(II) a consensus-building proc-

ess coordinated by the National Qual-

ity Forum or a forum similar to the

National Quality Forum; or

“(ii) recognized by the National Quality Measures Clearinghouse of the Agency for Health Care Quality and Research.

“(C) GENERAL CHARACTERISTICS OF Q & E MEASURES.—To the extent feasible and practicable, Q & E measures shall provide for the uniform reporting of therapy-specific data and shall—

“(i) include a mixture of outcome measures, process measures (such as furnishing a service), and structural measures (such as the use of health information technology for submission of measures);

1 “(ii) in the case of E measures, in-
2 clude efficiency measures related to clinical
3 care (such as overuse, misuse, or
4 underuse);

5 “(iii) use a reporting mechanism, con-
6 current with the episode of care, that in-
7 corporates both the individual’s and the
8 applicable covered provider’s input;

9 “(iv) contribute to a national therapy
10 outcomes database from which risk-ad-
11 justed thresholds for quality and efficiency
12 measurements of covered providers of serv-
13 ices involved can be established;

14 “(v) promote interoperability of Q &
15 E measures;

16 “(vi) be evidence-based, if pertaining
17 to clinical care;

18 “(vii) be consistent, reliable, valid, re-
19 sponsive, practicable, and not overly bur-
20 densome to collect;

21 “(viii) include measures that collec-
22 tively provide a balanced measure of per-
23 formance of the covered provider involved,
24 with respect to the condition of the indi-
25 vidual involved;

1 “(ix) include measures that capture
2 the individuals’ involved assessment of clin-
3 ical care furnished; and

4 “(x) include measures that assess the
5 relative use of resources, services, or ex-
6 penditures (or any combination thereof) by
7 the covered provider involved.

8 “(D) FAIRNESS.—To the extent feasible
9 and practicable, this paragraph shall be imple-
10 mented in a manner that—

11 “(i) takes into account differences in
12 the health status of each individual;

13 “(ii) takes into account an individual’s
14 compliance with medical instructions re-
15 lated to the service involved;

16 “(iii) does not directly or indirectly
17 encourage patient selection or de-selection
18 by covered providers of covered outpatient
19 therapy services;

20 “(iv) reduces health disparities across
21 groups and areas; and

22 “(v) uses appropriate statistical tech-
23 niques to ensure valid results.

24 “(E) PERIODIC REVIEW OF Q & E MEAS-
25 URES.—The Secretary shall provide for the

1 periodic revision and selection of Q & E meas-
2 ures consistent with the provisions of this para-
3 graph and the application of such revised Q &
4 E measures on a prospective basis beginning
5 with a following year.

6 “(3) PUBLIC DISCLOSURE OF COVERED PRO-
7 VIDERS’ PERFORMANCE ON Q & E MEASURES.—

8 “(A) IN GENERAL.—Not later than Janu-
9 ary 1, 2010, the Secretary shall establish proce-
10 dures to require that information with respect
11 to the quality and efficiency demonstrated by a
12 covered provider of covered outpatient therapy
13 services during a year (based on the Q & E
14 measures submitted under paragraph (1)(A) by
15 the covered provider involved for such year) is
16 made available to the public in a clear and un-
17 derstandable form.

18 “(B) COVERED PROVIDER NOTIFICATION
19 AND OPPORTUNITY FOR COMMENT; APPEALS
20 PROCESS.—

21 “(i) NOTIFICATION AND OPPORTUNITY
22 FOR COMMENT.—

23 “(I) IN GENERAL.—For purposes
24 of subparagraph (A), before making
25 the information described in such sub-

1 paragraph available to the public with
2 respect to a covered provider for years
3 beginning with 2010, the Secretary
4 shall notify the provider of the per-
5 formance of the provider on the Q &
6 E measures (including information on
7 the performance of the provider in re-
8 lation to the aggregate performance of
9 the peers of such provider) and pro-
10 vide the opportunity for the provider
11 to submit to the Secretary written
12 comments with respect to such per-
13 formance. The Secretary shall respond
14 in writing to the comments and seek
15 to reach agreement on the perform-
16 ance of the provider on the Q & E
17 measures for the year involved.

18 “(II) ADMINISTRATIVE PROVI-
19 SION.—For purposes of subclause (I),
20 notification provided by the Secretary
21 and comments submitted by a pro-
22 vider shall be provided and submitted,
23 respectively, in such manner and form
24 and by such time as specified by the
25 Secretary.

1 “(III) PEER DEFINED.—For pur-
2 poses of subclause (I), the term ‘peer’
3 means, with respect to a covered pro-
4 vider that practices in a type of ther-
5 apy, other covered providers that
6 practice in the same type of therapy
7 in the United States.

8 “(ii) APPEALS PROCESS.—The Sec-
9 retary shall establish a formal appeals
10 process for purposes of hearing cases in
11 which agreements under clause (i)(I) can-
12 not be reached. Upon conclusion of the ap-
13 peals process, if the provider submits com-
14 ments relating directly to the information
15 made available under subparagraph (A)
16 with respect to such provider, the Sec-
17 retary shall make such comments available
18 to the public with such information.

19 “(C) EXCEPTIONS TO PUBLIC DISCLO-
20 SURE.—The procedures established under sub-
21 paragraph (A) shall include exceptions to the
22 requirement described in such subparagraph. In
23 providing for such exceptions, the Secretary
24 shall take into account whether or not the cov-
25 ered provider involved was a new covered pro-

vider, as specified by the Secretary, for covered outpatient therapy services or otherwise had insufficient information to provide to the Secretary for a measurement of the quality and efficiency performance of such covered provider.

“(4) NATIONAL THERAPY OUTCOMES DATABASE.—

“(A) IN GENERAL.—For purposes of this subsection and subsection (o), the Secretary shall provide for at least one national therapy outcomes database to analyze Q & E provider information submitted under paragraph (1)(A) and, based on such information, generate values (that are adjusted for the risk characteristics of the individuals provided covered outpatient therapy services) for the following:

“(i) How much functional improvement an individual is expected to experience over a designated period, with respect to services involved.

“(ii) The period over which an individual with such characteristics is expected to experience the maximum functional improvement through the receipt of covered outpatient therapy services.

1 “(B) INTEROPERABILITY.—If the Sec-
2 retary provides for more than one national ther-
3 apy outcomes database under subparagraph
4 (A), the Secretary shall ensure that such data-
5 bases are interoperable.

6 “(C) CONTRACTING AUTHORITY.—For
7 purposes of subparagraph (A), the Secretary
8 may enter into an agreement with a private en-
9 tity to use a database of such entity that is ca-
10 pable of performing the functions described in
11 such subparagraph or to have such entity estab-
12 lish and monitor such a database. For purposes
13 of selecting a private entity with which to enter
14 into such an agreement, the Secretary shall
15 provide for a process that ensures fair and open
16 competition amongst private entities.

17 “(5) DEFINITIONS.—For purposes of this sub-
18 section and subsection (o):

19 “(A) COVERED OUTPATIENT THERAPY
20 SERVICES.—The term ‘covered outpatient ther-
21 apy services’ means—

22 “(i) physical therapy services—

23 “(I) of the type described in sec-
24 tion 1861(p), including speech-lan-

1 guage pathology services, furnished to
2 individuals under this part; and

3 “(II) of such type that are fur-
4 nished to individuals under this part
5 by a physician (or as incident to phy-
6 sicians’ services); and

7 “(ii) occupational therapy services—

8 “(I) of the type that are de-
9 scribed in section 1861(p) through the
10 operation of section 1861(g) furnished
11 to individuals under this part; and

12 “(II) of such type that are fur-
13 nished to individuals under this part
14 by a physician (or as incident to phy-
15 sicians’ services).

16 “(B) COVERED PROVIDER.—The term
17 ‘covered provider’ means a supplier or provider
18 of services that furnishes covered outpatient
19 therapy services.

20 “(C) NATIONAL THERAPY OUTCOMES
21 DATABASE.—The term ‘national therapy out-
22 comes database’ is a database provided for
23 under paragraph (4)(A).

1 “(D) Q & E MEASURE.—The term ‘Q & E
2 measure’ means a measure selected under para-
3 graph (2)(A).

4 “(o) VALUE-BASED PURCHASING PROGRAM FOR
5 OUTPATIENT PHYSICAL THERAPY SERVICES AND OCCU-
6 PATIONAL THERAPY SERVICES.—

7 “(1) IN GENERAL.—The Secretary shall estab-
8 lish and implement, not later than January 1, 2010,
9 a value-based purchasing program, with respect to
10 covered providers of covered outpatient therapy serv-
11 ices (as defined in subsection (n)(5)(A)), under
12 which—

13 “(A) in the case of such a covered provider
14 that does not submit Q & E performance infor-
15 mation in accordance with subsection (n)(1)(A),
16 the Secretary shall not make payment under
17 this part for such services furnished by such
18 provider; and

19 “(B) in the case of such a covered provider
20 that submits Q & E performance information in
21 accordance with subsection (n)(1)(A)—

22 “(i) if such provider furnishes high
23 quality care (as determined under para-
24 graph (2)(A)), the Secretary shall provide
25 to such covered provider a payment in ad-

1 dition to the amount that would otherwise
2 be paid under subsection (k) for such serv-
3 ices;

4 “(ii) if such provider furnishes low
5 quality care (as determined under para-
6 graph (2)(B)), the Secretary shall reduce
7 the amount that would otherwise be paid
8 to such covered provider under subsection
9 (k) for such services; and

10 “(iii) if such provider furnishes care
11 that is neither high quality care nor low
12 quality care, the Secretary shall provide to
13 such provider the amount to be paid to
14 such provider under subsection (k) for
15 such services.

16 “(2) DETERMINATION OF HIGH QUALITY CARE
17 AND LOW QUALITY CARE.—

18 “(A) HIGH QUALITY CARE.—The Secretary
19 shall determine that a covered provider of cov-
20 ered outpatient therapy services furnishes high
21 quality care with respect to such services fur-
22 nished during a year if, based on a comparison
23 of the Q & E measures submitted by such cov-
24 ered provider under paragraph (1)(A) of sub-
25 section (n) with the appropriate values gen-

1 erated by a national therapy outcomes database
2 system under paragraph (4) of such subsection,
3 the Secretary finds that the services furnished
4 by the covered provider to individuals under
5 this part during the previous year resulted in—

6 “(i) a greater number of instances of
7 functional improvement of such individuals
8 than indicated by the value generated
9 under paragraph (4)(A)(i) of such sub-
10 section; or

11 “(ii) if the number of instances of
12 functional improvement of individuals is
13 the same as that indicated by the value
14 generated under paragraph (4)(A)(i) of
15 such subsection, more efficient utilization
16 of such services than indicated by the value
17 generated under paragraph (4)(A)(ii) of
18 such subsection.

19 “(B) LOW QUALITY CARE.—The Secretary
20 shall determine that a covered provider of cov-
21 ered outpatient therapy services furnishes low
22 quality care with respect to services furnished
23 during a year if, based on a comparison of the
24 Q & E measures submitted by such covered pro-
25 vider under paragraph (1)(A) of subsection (n)

1 with the appropriate values generated by a na-
2 tional therapy outcomes database under para-
3 graph (4) of such subsection, the Secretary
4 finds that the services furnished by the covered
5 provider to individuals under this part during
6 the previous year resulted in—

7 “(i) a fewer number of instances of
8 functional improvement of such individuals
9 than indicated by value generated under
10 paragraph (4)(A)(i) of such subsection; or

11 “(ii) if the number of instances of
12 functional improvement of individuals is
13 the same as that indicated by the value
14 generated under paragraph (4)(A)(i) of
15 such subsection, less efficient utilization of
16 such services than indicated by the value
17 generated under paragraph (4)(A)(ii) of
18 such subsection.

19 “(3) RESULTS-BASED PAYMENTS.—

20 “(A) IN GENERAL.—Subject to subpara-
21 graph (B), additional payments under para-
22 graph (1)(B)(i) and reductions in payment
23 under paragraph (1)(B)(ii) for covered out-
24 patient therapy services furnished by a covered

1 provider during a year shall be specified by the
2 Secretary.

3 “(B) LIMITATIONS.—For purposes of sub-
4 paragraph (A), neither an additional payment
5 under paragraph (1)(B)(i) for services involved
6 nor a reduction in payment under paragraph
7 (1)(B)(ii) for services involved, may exceed an
8 amount that is 10 percent of the applicable fee
9 schedule amount (as defined in subsection
10 (k)(3)) for such respective services.

11 “(C) CONSTRUCTION.—An additional pay-
12 ment under paragraph (1)(B)(i) and a reduc-
13 tion in payment under paragraph (1)(B)(ii)
14 shall apply only with respect to the year in-
15 volved, and the Secretary shall not take into ac-
16 count such bonus or reduction in computing the
17 amount of a payment determined under sub-
18 section (k)(1)(B) for a subsequent year.

19 “(4) TRANSITIONAL PROGRAM FOR EXEMPT
20 COVERED PROVIDERS OF COVERED OUTPATIENT
21 THERAPY SERVICES.—

22 “(A) IN GENERAL.—For purposes of sec-
23 tion 1833(g)(5) and not later than July 1,
24 2007, the Secretary shall establish and imple-
25 ment a program to identify for any date during

1 the period described in subparagraph (B) cov-
2 ered providers of covered outpatient therapy
3 services that are exempt providers on such date
4 and to make available to the public the names
5 of such exempt providers in accordance with
6 this paragraph.

7 “(B) PERIOD OF PROGRAM DESCRIBED.—
8 For purposes of subparagraph (A), the period
9 described in this subparagraph is the period be-
10 ginning on the date on which the Secretary im-
11 plements the program under such subparagraph
12 (A) (but not sooner than January 1, 2007) and
13 ending on the date on which the Secretary im-
14 plements the value-based purchasing program
15 under paragraph (1).

16 “(C) IDENTIFICATION OF EXEMPT PRO-
17 VIDERS.—For purposes of subparagraph (A), a
18 covered provider of covered outpatient therapy
19 services may be identified as an exempt pro-
20 vider on a date if during the 90-day period im-
21 mediately preceding such date the covered pro-
22 vider—

23 “(i) participates in the collection of Q
24 & E performance information described in
25 subsection (n)(1)(B) for covered outpatient

1 therapy services, with respect to individ-
2 uals under this part to whom such covered
3 provider furnishes services;

4 “(ii) submits to the Secretary, by not
5 later than a date or dates specified by the
6 Secretary, the information collected under
7 clause (i) to be included in a national ther-
8 apy outcomes database provided for under
9 subsection (n)(4);

10 “(iii) makes assurances satisfactory to
11 the Secretary that Q & E performance in-
12 formation described in subsection
13 (n)(1)(B) on functional outcomes for such
14 services have been documented with re-
15 spect to at least 70 percent of the individ-
16 uals under this part to whom such covered
17 provider furnishes services; and

18 “(iv) agrees to use the information
19 collected from the Q & E measures to the
20 greatest extent practicable in reaching clin-
21 ical decisions with respect to covered out-
22 patient therapy services furnished to indi-
23 viduals under this part.

24 Such 90-day period may include dates before
25 the period described in subparagraph (B).

1 “(D) REFERENCE TO EXEMPTION FROM
2 THERAPY CAP.—For provision to exempt each
3 exempt provider from the provisions of 1833(g),
4 see paragraph (6) of such section.

5 “(5) REPORT TO CONGRESS.—Not later than
6 July 1, 2009, the Secretary shall submit to Congress
7 a report on—

8 “(A) the interim results of the program es-
9 tablished under paragraph (4)(A), including a
10 description of—

11 “(i) the completeness of the aggregate
12 information collected under paragraph
13 (4)(C)(i); and

14 “(ii) the common characteristics
15 among covered providers that submit infor-
16 mation under paragraph (4)(C)(ii); and

17 “(B) plans to implement the value-based
18 purchasing program under subsection (o), in-
19 cluding a description of—

20 “(i) any recommendations, with re-
21 spect to the implementation of the value-
22 based purchasing program under sub-
23 section (o), based on the results described
24 in subparagraph (A); and

1 “(ii) methods and a timetable for such
2 implementation.

3 “(6) CONSTRUCTION.—Unless Congress acts to
4 prohibit the implementation of the value-based pur-
5 chasing program under paragraph (1), the Secretary
6 shall implement such program no later than the date
7 described in such paragraph.

8 “(7) BUDGET NEUTRALITY.—The Secretary
9 shall ensure that in no case shall the aggregate
10 amount of Medicare expenditures increase as a re-
11 sult of the implementation of the value-based pur-
12 chasing program established under paragraph (1)
13 and the transitional program under paragraph (4).”.

14 (b) CONFORMING AMENDMENT TO PAYMENTS FOR
15 OUTPATIENT THERAPY SERVICES AND FOR OUTPATIENT
16 REHABILITATION SERVICES.—Section 1834(k)(1)(B) of
17 the Social Security Act (42 U.S.C. 1395m(k)(1)(B)) is
18 amended by inserting “subject to subsection (o),” after
19 “subsequent year,”.

20 **SEC. 3. TREATMENT OF MEDICARE THERAPY CAP.**

21 (a) EXCEPTION FOR EXEMPT PROVIDERS DURING
22 2007, 2008, AND 2009 AND REPLACEMENT OF THERAPY
23 CAP WITH VALUE-BASED PURCHASING PROGRAM IN
24 2010.—Section 1833(g) of the Social Security Act (42

1 U.S.C. 1395l(g)), as amended by section 5107 of the Def-
 2 icit Reduction Act of 2005, is further amended—

3 (1) in each of paragraphs (1) and (3), by strik-
 4 ing “paragraphs (4) and (5)” and inserting “para-
 5 graphs (4), (5), (6), and (7)”; and

6 (2) by adding at the end the following new
 7 paragraphs:

8 “(6) Subject to paragraph (7), paragraphs (1) and
 9 (3) shall not apply to expenses incurred with respect to
 10 such services furnished during the period described in sub-
 11 paragraph (B) of section 1834(o)(4) if such services are
 12 furnished by a covered provider during a period in which
 13 such provider is identified as an exempt provider under
 14 subparagraph (C) of such section.

15 “(7) This subsection shall cease to have effect on the
 16 date the Secretary implements the value-based purchasing
 17 program under section 1834(o)(1).”.

18 (b) EXPANSION OF SERVICES COVERED BY THERAPY
 19 CAP AFTER IMPLEMENTATION OF EXEMPT PROVIDERS
 20 PROGRAM AND BEFORE IMPLEMENTATION OF VALUE-
 21 BASED PURCHASING PROGRAM.—Section 1833(g) of such
 22 Act, as amended by subsection (a), is further amended—

23 (1) in paragraph (1), by striking “, in the case
 24 of physical therapy services” and all that follows

1 through “subsections (a) and (b).” and inserting a
2 dash and the following:

3 “(A) in the case of physical therapy serv-
4 ices (including outpatient speech-language pa-
5 thology services) of the type described in section
6 1861(p), but not described in section
7 1833(a)(8)(B), and physical therapy services of
8 such type which are furnished by a physician or
9 as incident to physicians’ services, with respect
10 to expenses incurred before the date on which
11 the program under section 1834(o)(4)(A) is im-
12 plemented, and

13 “(B) in the case of physical therapy serv-
14 ices (including outpatient speech-language pa-
15 thology services) of the type described in section
16 1861(p) and physical therapy services of such
17 type which are furnished by a physician or as
18 incident to physicians’ services, with respect to
19 expenses incurred within the period described in
20 section 1834(o)(4)(B),

21 no more than the amount specified in paragraph (2)
22 for the year shall be considered as incurred expenses
23 for purposes of subsections (a) and (b).”; and

24 (2) in paragraph (3), by striking “, in the case
25 of occupational therapy services” and all that follows

1 through “subsections (a) and (b).” and inserting a
2 dash and the following:

3 “(A) in the case of occupational therapy
4 services (of the type that are described in sec-
5 tion 1861(p) (but not described in section
6 1833(a)(8)(B)) through the operation of section
7 1861(g) and of such type which are furnished
8 by a physician or as incident to physicians’
9 services), with respect to expenses incurred be-
10 fore the date on which the program under sec-
11 tion 1834(o)(4)(A) is implemented, and

12 “(B) in the case of occupational therapy
13 services of the type that are described in section
14 1861(p) through the operation of section
15 1861(g) and of such type which are furnished
16 by a physician or as incident to physicians’
17 services, with respect to expenses incurred with-
18 in the period described in section
19 1834(o)(4)(B),

20 no more than the amount specified in paragraph (2)
21 for the year shall be considered as incurred expenses
22 for purposes of subsections (a) and (b).”.

1 **SEC. 4. REQUIRING LICENSING OF PHYSICAL OR OCCUPA-**
2 **TIONAL THERAPISTS WHO FURNISH MEDI-**
3 **CARE THERAPY SERVICES AS INCIDENT TO**
4 **PHYSICIANS' SERVICES.**

5 (a) IN GENERAL.—Section 1862(a)(20) of the Social
6 Security Act (42 U.S.C. 1395y(a)(20)) is amended by
7 striking “(other than any licensing requirement specified
8 by the Secretary)”.

9 (b) EFFECTIVE DATE.—The amendment made by
10 subsection (a) shall apply to services furnished on or after
11 January 1, 2007.

12 **SEC. 5. SENSE OF CONGRESS REGARDING ASSIGNMENT OF**
13 **UNIQUE SUPPLIER NUMBERS FOR THERA-**
14 **PISTS.**

15 It is the sense of Congress that the Secretary of
16 Health and Human Services shall develop a system under
17 which, beginning not later than January 1, 2010, each
18 covered provider of covered outpatient therapy services (as
19 such terms are defined in section 1834(n)(5) of the Social
20 Security Act, as added by section 2(a)) participating in
21 the Medicare program has a unique supplier identification
22 number in order to enable the Secretary to monitor the
23 quality and efficiency of such services furnished by such
24 provider.

○